**Rutgers Cancer Institute**

**Summer Clinical Research Internship Program Application**

|  |
| --- |
| Name |
| Address |
| Email |
| Phone Number |
| Name of College |
| Program of Study |
| Anticipated date of graduation |
| * CV or Resume attached |
| * Unofficial College Transcript attached |
| * Cover letter with description of qualifications and how you feel this program will help you achieve your professional goals attached |
| **Reference Number One** |
| Name |
| Email |
| Phone Number |
| **Reference Number Two** |
| Name |
| Email |
| Phone Number |

**Send the completed application and all supporting documents by March 31st:**

Ginnette Watkins-Keller DNP, RN, NEA-BC, OCN

Associate Director of Clinical Trial Administration

Rutgers Cancer Institute – Office of Human Research Services

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